



Jim Doyle  
Governor

Helene Nelson  
Secretary

**State of Wisconsin**

Department of Health and Family Services

**DIVISION OF DISABILITY AND ELDER SERVICES**

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Dear Challenge Exam Applicant,

This letter is in response to your request to be a 100-hour Skilled Nursing Medication Aide in Wisconsin.

Attached you will find an application form. Please fill out the Application Information on the top half of the form and also sign the release statement at the bottom. Send your application and supporting materials to:

Doug Englebert  
BQA  
1 West Wilson St.  
P.O.Box 2969  
Madison, WI 53701-2969.  
Or Fax to 608-267-7119

Your application will be reviewed and you will be contacted regarding the results of that review. If you meet the course requirements for Wisconsin you will be required to take a written exam. The written exam is 100-150 questions of multiple choice, fill in the blank, true/false and matching. It is recommended that you review prior to taking the test. The textbook that is used for the course is "Medication Administration", Phyllis Bayt 4<sup>th</sup> edition.

If you have any further questions please contact me at 608-266-5388.

Sincerely,

Doug Englebert, R.Ph.